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**AIDS Takes Toll on Big African Hospital --- Soweto's Bara Lacks Beds, Staff to Handle Cases; Government to Blame?**

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SOWETO, South Africa -- Africa's largest hospital, long the center of medical treatment for South African blacks, says it is being overwhelmed by AIDS patients as the disease ravages the country's population. Chris Hani Baragwanath Hospital, a sprawling 3,300-bed hospital serving Soweto, lacks enough beds and, more urgently, staff to deal with the flood of patients. Staff say the hospital's problem is caused almost as much by what they consider poor government policy toward AIDS as it is by the disease itself.

Bara, as the hospital is often called, is a case apart from the many overwhelmed hospitals in other African countries. Some of those hospitals work without basic necessities, such as X-ray machines or even anesthetics.

But while Bara has never been able to match the facilities offered in South African hospitals that cater to whites, it has long been the main teaching hospital for the Harvard of South Africa, the University of the Witwatersrand. Staffed with highly trained and fiercely committed doctors who protested "apartheid medicine," the institution prided itself on never turning away a patient.

"We have never closed our doors," says Prof. Ken Huddle, head of the department of medicine at Bara. With skyrocketing numbers of AIDS patients, though, "We can no longer go on like this," he says.

An estimated 4.7 million South Africans are infected with the virus that causes AIDS, according to the South African Department of Health. That's more than 10% of the total population.

At Bara, admissions have risen by nearly 40% over the past five years with no increase in beds or staff, according to the hospital. At one recent day, the worst in memory, 167 patients were taken into an admissions ward with 50 beds. "The pharmacy could not cope with the prescriptions," says Dr. Huddle. "Radiology couldn't cope with the demand for X-rays."

Most alarmingly, death rates go up with admissions. According to hospital statistics, when 43 patients per day are admitted, an average of 8% die during that stay. But when 120 patients are admitted, more than 10% die. This year, the hospital has been averaging 108 admissions each weekday. Many experts don't see a plateau in AIDS cases for at least another decade.

Nurses, struggling at more than 35% below allocated staff levels, can no longer take every patient's temperature and blood pressure on a daily basis. Morale has sagged, with more sick days and a shocking rate of needlestick injuries -- 69% among interns -- that Dr. Huddle attributes to fatigue and overwork.

Following a desperate letter last month from Dr. Huddle to Bara's chief executive officer, the heads of Johannesburg's three major hospitals met to devise a strategy, and this week they met with the head of the health department of Gauteng Province, which includes Johannesburg. The current crisis "cries out for a national plan," Dr. Huddle insists. Indeed, when Bara's admissions ward is full, he wants to re-route patients to other institutions, a plan that depends on a regional strategy he says doesn't exist.

Many doctors at Bara, like their counterparts throughout the country, are critical of South Africa's national government, which they say has failed to adequately address the AIDS epidemic. In contrast to other African

countries, such as Nigeria, Botswana and Uganda, South Africa has stalled on providing proven AIDS drugs, called antiretrovirals, asserting that they are too expensive.

In other countries, antiretroviral drugs have been shown to reduce the burden on hospitals by keeping AIDS patients healthy. Barring the use of such drugs, the national health department has been working on a plan for how to provide enough beds and health-care workers for the swelling avalanche of AIDS patients, says a health department spokeswoman. Although Bara doctors have long argued for such a plan, it still hasn't yet been completed.

Bara bears some responsibility for its crisis, says Laetitia Rispel, head of the Guateng provincial health department. She notes that senior physicians at Bara have conceded that not all their patients need hospitalization, and she recommends better use of the existing referral network.

On a recent Monday, Bara's medical admissions ward began filling in the early evening. Six doctors and nurses hold down a screaming young man -- a psychiatric patient -- so that a tranquilizer can be injected into his forearm.

Overseeing the ward is the senior resident (called a registrar in South Africa), 28-year-old Ferande Peters. The interns, some of whom carry handbooks to help them out, make the initial diagnosis. But that can lead to problems. In one patient, Dr. Peters finds an abnormality missed by the intern. "What do you learn from this?" he asks three interns. "You examine thoroughly." Still, even he says comprehensive exams can't be done because of the sheer numbers: "You're fighting a list," he says. "Those who are just severely ill -- we see if we can get them to make the night."

Dr. Peters's energy and intellect have won the respect of his superiors. At quarter to nine, almost 13 hours after he started work, he takes a short breather. "I enjoy medicine," he says, "but there's no way when I finish at the end of this year that I'll stay. No way. I couldn't keep doing this." What will he do? "I'll probably try to go abroad."

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